



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF VETERINARY MEDICINE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

Enter Name and Address of Contact to Whom Response Should Be Mailed:

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized continuing education (CE) activity for maintaining a Delaware Veterinarian or Veterinary Technician license. Delaware licensees or program providers may submit requests either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board of Veterinary Medicine automatically approves the following organizations for formal CE activities for both Veterinarians and Veterinary Technicians: AVMA, AVMA-accredited schools, Federal/State/County Veterinary Associations, USDA and Registry of Approved Continuing Education (RACE) courses. For Veterinarians, *the Compendium on Continuing Education for the Practicing Veterinarian*, NOAH and VIN are also approved. For Veterinary Technicians, *the NAVTA Journal* and NAVTA-approved online continuing education are also approved. If an organization above has **approved this program/course, STOP. You do not need to submit this form.**

See Section 10.0 (Veterinarians) or Section 15.0 (Veterinary Technicians) of the Board's [Rules and Regulations](#).

Documentation Required

Submit this form **no later than ten business days** before the Board's meeting to the address above.

- ☐ Complete and sign request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed Veterinarian or Veterinary Technician submits the request, no fee is required.**
- ☐ Enclose course outline, brochure, or agenda showing breakdown of time allotted for each part of course content.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware-Licensed Veterinarian or Veterinary Technician

2. If you are a Delaware Licensee requesting approval of a course, enter:

Your Name: _____ Delaware License #: N ____ - _____

Phone: _____ Email: _____

3. Enter the following information about the Sponsor/Course Provider:

Sponsored by: _____

Phone: _____ Fax: _____

Address: _____
Street City State Zip code

Email: _____ Website URL: _____

If you are a Sponsor/Provider requesting approval, enter name of person(s) authorized to sign course completion certificates: _____

REQUESTER COMPLETES THIS SECTION (continued)

4. Program Title: _____

5. Check Program Type:

- ☐ In-service Training - focuses on improving job knowledge, skills and performance.
☐ Career Development - aimed at preparing for job advancement or expanding career.
☐ Management Development - emphasizes interpersonal relations, attitudes, organizational/management skills.
☐ Technical Skills - focuses on "job know how" procedures.
☐ Other forms of CE

6. Program Location: _____

7. Program Date(s): _____

8. Program Objectives: _____

Enclose course outline, brochure, or agenda showing breakdown of time allotted for each part of course content.

9. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

10. Total Contact Hours Requested (excluding breaks): _____

Submit this application and all supporting documentation to the Delaware Board of Veterinary Medicine at the address above. If you have questions, email: customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

☐ Approved for _____ hours. Approval Expires: _____

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

Signed: _____, Administrative Specialist